



Young Children with Cancer Also Need Spiritual Care

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Spiritual care is a collaborative process aimed at strengthening spirituality in a person by utilizing all available spiritual resources, including religious texts, chaplains, spiritual leaders, and communities, to help individuals become closer to their Creator and to create a positive relationship with Him (1). Spiritual care is an essential element of caring for children with cancer. In many cultures around the world, children with cancer have distinct spiritual needs. At the end of life, spiritual care becomes especially crucial for children with cancer, as it supports their religious beliefs and helps them find meaning, purpose, solace, and hope (2). In this article, we present spiritual care for young children with cancer in order to draw attention to the fact that young children also have spiritual needs.

There are scarce self-reported studies on the spiritual needs and care of young children with cancer in the literature. Juškauskienė et al. (3) reported that children with cancer between the ages of 5 and 12 have a unique understanding of spirituality depending on their age, gender, and family structure. Children appeared to have their own views on whether to pray; their needs revolved around health and healing from their illness (3). Children emphasized the importance of spiritual aspects to their sense of well-being, even more than they had previously experienced in their lives. Younger children (5-8 years) scored higher than older children (9-12 years) across all three domains (personal, communal, and environmental) and in the overall life dimension. Church attendance has been shown to have a significant impact on children's spiritual well-being (4). Another study found that children (7-11 years) with a history of cancer scored higher on the religious well-being subscale compared to their healthy peers. Among childhood cancer survivors,

higher scores on the religious well-being subscale predicted lower anxiety and depression subscale scores (5). At the age of four, children can distinguish between identical and different objects and ask many questions to understand what they do not yet know. The needs or concerns of 5-year-old children with life-limiting and life-threatening conditions, including cancer, have been identified in the spiritual domain of care (6).

Spirituality is a fundamental aspect of children's psychological well-being. Acknowledgment of their spiritual needs helps young children with cancer cope with their illness. Pediatric cancer centers should include chaplains to address the spiritual needs of young children with cancer and help alleviate their concerns, as the chaplains' observations on beliefs, experiences, and emotional/spiritual states of patients and their families can inform the interdisciplinary care of the patient (7). Today, healthcare facilities in most European countries employ professional chaplains who specialize in providing spiritual care to their patients as part of their interdisciplinary teams (8). In Croatia, palliative care, including spiritual care, is established for adult patients, but spiritual care is not available for children (9). However, 188 (84%) of 224 children's hospitals in the United States provide spiritual and/or pastoral care (1). In many cultures around the world, especially in the United States, it is important to introduce and teach young children about Allah because a person who knows and loves Almighty Allah is subject to infinite happiness, blessings, lights, and mysteries, either potentially or actually. The one who does not truly know and love Him is afflicted to infinite miseries, pains, and fears, both spiritually and materially (10). We suggest that the book, "The Short Words" (11) including short stories, may be useful for this purpose.

In conclusion, the limited available studies have shown that young children with cancer, like adolescents and adults, need spiritual care because they have distinct spiritual needs or concerns. We suggest that observational and qualitative studies, especially those involving young children with cancer between the ages of 4 and 8, should be conducted in order to support the families' individual spiritual needs and preferences in societies with different sociocultural and religious backgrounds. These studies will help fill the gap in the literature and provide guidance to both health professionals and spiritual caregivers. Finally, we think that pediatric spiritual care units should be established in Croatia, following the model implemented in the United States.

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